THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. XI. TORONTO, FEBRUARY, 1915. No. 2

MANAGEMENT OF SMALL HOSPITALS

By Janet E. Cameron, Superintendent St. Joseph's Hospital, Glace Bay, N.S.

I shall take for granted that the small hospital, with not less than twenty-five beds or not more than one hundred beds, is under the superintendence of a graduate of a first-class training school.

Courses in hospital administration are now given in several of the larger hospitals, and any woman who undertakes to superintend a hospital, however small, should graduate in hospital administration as well as in training school work. She will be all the better qualified, too, if she has held the minor positions of supervisor or head nurse in a large hospital, and if she has spent some time private nursing, as it is by actually doing private nursing that one gets an accurate idea of what is expected and demanded of nurses in that very important field.

An executive committee, selected from the Board of Trustees and responsible to them, should attend to the details of hospital work. Hospital by-laws should clearly define the duties of each officer, and should be revised from time to time to keep pace with the steady advance in methods of hospital administration.

To have a successfully managed hospital, the board of trustees must place the responsibility and vest the necessary authority in one person, the superintendent, who must always be eager and ready to solve, from the inside, the various problems that arise.

Starting out, therefore, with an experienced nurse in charge of a hospital, where the general conditions are favorable, one of the great problems that first confronts her is the choosing of assistants.

Each assistant should not only have all the professional qualifications necessary for the position she is called to fill, but she should also have an extra dash of loyalty to her superintendent.

A superintendent who is fortunate enough to have graduates from her own training school as assistants gets nearer than any other to a solution of the difficulties which lie in the way of building up a loyal and efficient working force.

It often happens that nurses, although very capable professionally, have neither the temperament nor the tact necessary for preserving

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Read at Annual Meeting of Canadian Society of Superintendents of Training Schools for Nurses, Halifax, N.S., July, 1914.

that harmony which is so essential to the welfare of an institution of this kind.

Lack of harmony between a superintendent and the board of management, lack of harmony between a superintendent and the medical and surgical staff, lack of harmony between a superintendent and the nursing staff, or any combination of these three diseases in hospital management, handicaps at every turn.

Friction between the heads of departments is almost as detrimental to the attainment of the ideal in hospital management, and perhaps the superintendent nearest the solution of this difficulty is the one who is broad enough to pass over little weaknesses and strong enough to deal patiently and justly with graver offences.

Remember always that in hospitals one has to deal with the abnormal and the intensely human. Therefore, kindness and courtesy are as essential as system and discipline.

Harmony among the heads of departments usually means harmony all around, and a hospital having all in authority capable, loyal and courteous will satisfactorily solve all problems.

Such a working corps should not be overworked, and, once established, every effort should be made to retain the services of each member. Frequent changes greatly impair the efficiency of any organization, and increasing salaries or granting bonuses at end of each year would be a just way of showing appreciation and of retaining services.

The staff of a small hospital should be sufficient to give up-to-date care to each individual patient, and should be divided into departments with a competent supervisor in each.

In hospital circles we very frequently hear of overworked women, and it is only too true. During the last decade there has been a tendency towards giving more help, but there is still much room for improvement.

When arranging for the work of each department, we naturally begin with the admitting office, whose rules for the admission of patients should be sufficiently comprehensive and elastic to meet all kinds of conditions and emergencies, and in this connection it is absolutely necessary that the superintendent should know explicitly what her duties are to the executive and to the hospital in such matters.

Some hospitals, noted for good management, enquire carefully into conditions before fixing rate to be paid in public wards, with a view to avoiding two extremes: One where the patient can afford and does not want to pay, and the other where the patient is so poor that those depending on him may suffer by his eagerness to pay.

There is, of course, a regular rate per day for public wards as well as for private wards, and I am greatly in sympathy with hospital workers who maintain that public ward patients who can do so should

pay cost per day for their care. Many patients cannot afford to pay the full rate, but can pay part. I would suggest that the following questions be answered either by the patient himself or by the person responsible for him?

How much does he earn?

How much has he saved?

How many are dependent upon him?

How much sick benefit, if any, is he allowed?

The number of persons he supports?

Does his pay stop when he is ill?

Is he dependent upon people to look after him while he waits for a bed?

If a woman, the date of her last menstruation?

The admitting card should have signature of person responsible for payment.

Emergency cases should be promptly admitted, and when impossible to make the necessary arrangements beforehand with patient's friends these arrangements can be made later on. This is a matter about which there should be a clear and explicit understanding between the superintendent and the board of trustees or the executive, so that a patient may not suffer on account of unnecessary delay.

All correspondence with regard to the admission of patients should be given prompt attention, and all engagements for beds and rooms, whether by correspondence or otherwise, should be entered in a book which should be kept on superintendent's desk. In it should be entered the following particulars: Physician's name; patient's name; nature of case, whether medical, surgical, or obstetrical; location of bed or room, and date promised. As soon as patient is admitted an entry to that effect should at once be made to prevent confusion or mistake.

The greatest possible charity should be extended to suffering humanity, in connection with the admission of patients. I say this because it has been my good fortune to have superintended a hospital where the greatest possible charity has always been extended to suffering humanity. Our aim has always been to admit anyone who needed hospital care.

Whenever possible, it is very satisfactory to have payments made weekly in advance. The card catalogue method is an excellent one for all business and other records of a hospital, provided, of course, that there is a staff sufficient for carrying on the work.

The superintendent's office should have a board with names of wards and a card for each patient with the following information: Name and address of patient; name of physician; religion of patient and date of admission.

When a patient is dangerously ill, a red star or seal should be

placed opposite his name. Friends and clergyman are then notified and all restrictions with regard to visitors are relaxed to meet the patient's wishes and physician's orders.

As soon as possible after patient is admitted to the ward his nurse sends to superintendent's office a slip with patient's name, his temperature, pulse and respiration, hour and date admitted, name of ward, name of physician, any information which should be given about patient's condition, and signature of nurse. Names entered on chart, on board, and in office register should be exactly the same. On door of each private ward a card should have name of patient, name of physician, and religion of patient. This guides all visitors.

All business of hospital, as well as records of patients, is the work of office department. There must necessarily be a good accounting system, and at the present time when the hospital field is making advances in this important line of administration work, the superintendent must be alert and keep up-to-date. The smaller hospital can adopt a system comprehensive enough to cover all necessary details without being too complicated. Without taking up more time than is allotted for one paper it is not possible to go into any details of hospital accounting. A perfection desk calendar, memorandum file, and paper weight are useful additions to office desks. It is important for the superintendent of a small hospital to have reports from all departments every morning, and, from head nurses, reports of very ill patients every four hours during the day.

Where the number of beds and plan of building make it possible, each floor should have one head nurse with a pupil from graduating class as an assistant, if necessary. With a diet kitchen, medicine closet, linen room, and supply closet on each floor, wards can requisition for supplies each morning. It is well, too, to have all but emergency prescriptions made up each morning. Each floor can receive its complement of linen from one general linen room, which should be as near the laundry as possible. One superintendent has tried with success the plan of having the pupil nurses in turn check all nurses' clothing sent to and returned from the laundry; also noting pieces torn.

The best managed hospitals see that the superintendent can devote sufficient time to buying, and what is profitable for a large hospital should be imperative for the smaller ones. An index book can be used for all articles required, and names of firms with prices recorded there. A selection should be made of the best wholesale firms for medical, surgical and linen supplies, and purchases made once or twice each year. One can now contract by the year for many of the hospital supplies.

In the kitchen department one should strive to have a cook with some compassion for the sick. This is one of the hard departments

to manage, and we can only struggle to reach perfection there. A superintendent must give not only orders and advice but sympathy and teaching in this important work. A few minutes devoted to planning and advising tends greatly to have better results. Pupil nurses should be given experience in cooking, and the special diets disposed of in this way. Isolated small hospitals find it hard to have their nurses taught in this branch of the work. Many towns now have domestic science teachers, who can get up a very nice course for nurses, and this course can be supplemented by teaching in the hospital. When this is not possible the only solution is for the superintendent or head nurse to take hold. Teaching massage is harder to manage in isolated places. It is one problem not easily solved.

I may here say that the hospital I superintend accommodates ninety to one hundred patients. We take medical, surgical, and obstetrical cases. We have a graduate nurse on each floor (three in all) a graduate nurse in the office, and a graduate nurse for night superintendent. I have tried with success having a graduate nurse for housekeeper.

Where so much attention will be given to training of nurses I shall only say that we cannot place too much value on the personality of the nurse or give too much time to the ethical side of the work, when endeavoring to send out nurses to meet the many demands of the present day.

I regret exceedingly that it is not possible for me to attend the annual meeting this week at Halifax and hope the enjoyment of all who will be present will be as keen as my disappointment.

FOOD FOR SICK AND CONVALESCENT

By Miss Dobson.

There is a great deal of benefit derived from the knowledge of what variety of food is required for the sick and, perhaps, quite as much importance in the manner the food is presented to the invalid, the latter especially so to every nurse.

While we are apt to hold contempt for the man who places his appetite above his intellectual or business environment, we feel obliged to give in to a sick man as far as his body will permit.

It causes no little shock or excitement to find oneself in the midst of other sick and in such an unusual place as a hospital—so the first point to be gained is to make the patient comfortable and contented. The next, to present food in such a manner that the patient may relish it. Relish goes a long way towards making the food suitable, therefore,

Read at Annual Meeting of Nova Scotia Graduate Nurses' Association.

before considering the nature of the food, a few words on how to serve it would be appropriate.

The first and very essential point is to have hot food served hot, and that which should be served cold to be cold. If equipment is not suitable for this, it should be so arranged to admit of it before real success can be obtained. The portions should be small in order to create an appetite for more, thus causing the patient to digest what is taken, as we know "it is not what is eaten but what is assimilated that nourishes the body," and as nurses it is more important to bear this in mind, as the system is apt to be sluggish from lack of exercise and distraction of any kind.

The cost of the food is most important in catering to the invalid, especially when a patient's food means life, and for whom aversion to food means death, no expense should be grudged. Then, again, novelty in food very seldom commends itself to people who have had little or no variety, to speak of, in their lines. They relish best the foods to which they have been accustomed.

The tray is very often the chief event of the day in the sick room, and too much care cannot be taken in its preparation. Neatness and attractiveness go a long way toward making the food palatable, therefore this aid should be used as far as possible, especially since the methods of serving may be varied more readily than the articles of diet, hence, appearance and manner of offering have much to do with its acceptance or rejection. The tray cover should be without crease or wrinkle and of the best linen possible; use the daintiest china and silver, arranging these conveniently, and changing the china occasionally to relieve the monotony of the sick room.

The unexpected always pleases: never ask a patient what he would like to eat. The food should be properly seasoned and tray covered when carrying from pantry to patient's room. The simplest nourishment must not only be prepared with the greatest nicety, but also in the most attractive manner. In tray service, quality should always come before quantity. We all know how essential it is that medicines should be given at stated times, and it is quite as important to present food at stated intervals also.

A good deal of discretion should be used in feeding patients. For instance, strong men should not be fed on fried pork or any heavy foods, but may occasionally be given bacon, in order that they may not miss the accustomed flavor of the pork. In their homes they are probably not accustomed to soups, and it is a part of their education while in the hospital to teach them the value of such foods—for if they find themselves growing stronger, daily, from such diets they will believe in them.

Ellen Richards says, "no better school of diet can be found than

an intelligently managed hospital. Even though the patient only stays a week or ten days, he should have gained something which will benefit him later, for cleanliness and diet must be insisted upon."

It is of the utmost importance that nurses should be as perfectly trained in serving of food, and in general principles of diet, as in any other portion of their duties, "for no medicine or disinfection can take the place of nutritious food as a factor of recovery."

Instead of giving in to a patient, a nurse who has gained a knowledge of what is best in general practice and experience of how to administer food, cannot help but deal with her case successfully.

There are at least five requirements:

1st. Productions of flavor and odor. The difficulty is in dealing with a number of people, "for what one man loathes is dear to another's soul." The combination must be pleasing, and very often a coveted flavor may be added after the food reaches the ward. All strong odors should be avoided in wards on account of the other patients.

2nd. Each article should be prepared to tax the digestive system as little as possible, as the energy is needed for recuperation rather than digestion.

3rd. If a cheaper material can be used as a food in place of a more expensive one, it may be used.

4th. All fuel foods are valuable, as heat and energy are most needed for a patient.

5th. Such foods as sweetened drinks, soups, etc., 95-98 p.c. water, fruit jellies, porridge 80 p.c. water, should form the main diet of many hospital patients, as they readily mix with the juices and stimulate the appetite.

It is very often most difficult to decide on proper articles of diet for the sick or convalescent. Of course these are modified by the nature of the disease, hence the selection needs the supervision of a practitioner who believes in the curative power of dietetics. A patient recovering from an illness is often in so precarious a condition that the slightest indiscretion in diet may prevent the recovery for weeks, or prove fatal. Any nurse trained to formulate dietaries for the patients in quantity and relative proportions of the different food principles required cannot help but cope with the situation in a more intelligent way than one not so instructed.

MASSAGE AND "SWEDISH MOVEMENT CURE"

By Edith J. Taylor

So often the question "What is Massage good for" is asked, and the answer is "Good for the Circulation—it strengthens you." The

subject is far too complicated to be disposed of by an assertion of such a sweeping character, and we hope that soon it will be understood a bit more, and even those who have not had the treatment will begin to realize its wonderful possibilities for the relief, not only of pain, but (with the additional use of Medical Gymnastics—or "Movement Cure") of deformity as well.

Massage proper has to do chiefly with the weak and ailing and is used when the doctor has called upon the masseuse to keep with the case as the first step of the treatment. We have four procedures of chief importance, namely, Friction, Kneading, Pressure, and Percussion, each being a passive exercise of the muscles. Some French masseurs have given as many as twenty-one procedures, but outside half a dozen or so, these seem to be rather more ornamental than useful.

To be an operator of Massage we must know the machine on which we are to work, and a thorough course of Anatomy, Physiology and Pathology must have been covered. Without this there is grave harm done, thus casting a suspicion in the minds of both physician and those who have been experimented upon, and practitioners of massage are branded as "Quacks."

A good technique is of great importance, but some operators, lacking this, do well with the tissue on which they work, and the success of their work depends upon their knowledge of that tissue. This should be coupled with a sufficient ability to apply massage and exercise in such a manner as to secure the best results in the briefest time. If someone is heard to say they have had local treatments which last an hour or more, the training of their masseur can most certainly be improved upon. Prolonged, the procedures of massage lose their desired effect and produce irritation.

It is important to remember the presence of valves in veins and lymphatics, so we always massage in the direction of the heart. To reverse this causes stagnation in the venous and lymphatic systems acted upon. The idea is—an alternate pressure and relief from pressure which causes an interchange of the cell contents; the tissues are squeezed like sponges; blood and lymph vessels become alternately emptied and refilled; the venous circulation and re-absorption increase; physical impediments to capillary circulation are removed, and the transudation of fresh nutritive supply is favored. The tissues, as a result, are receiving a better blood supply, and muscular growth is the outcome. It is for this, for the most part, that we work, and to prepare for this growth of muscle we use massage proper. Having reached this point, however, we begin our "Movement Cure," as massage is merely a preparation for this more important part.

In Medical Gymnastics we are either working to develop the body as a whole, or we are working on a special set of muscles which,

through disuse of one or overuse of others, have become under or overdeveloped. We must have properly balanced antagonistic muscles or we get abnormalities. If an extensor is developed more than a flexor we must give exercises to develop that flexor, or the body will be thrown out of shape. Physicians agree that deformed bodies are caused more from improper muscle development than from mis-shapen bones, and a large number of mis-shapen bones are caused by improper use of antagonistic muscle. A masseuse fully understanding the action of all muscles and remedial exercises for these troubles, may have accomplished wonderful results.

As to properly applied movements for the development of the body as a whole, Baron Poase taught his followers that the aim is to "develop the body into a harmonious whole under perfect control of the will—not to produce great bulk of muscle, but to cause that already present to respond readily to volition; to improve the functional activity of the body and to counteract and correct tendencies to abnormal developments, especially those resulting from the artificial life of civilization."

Following his teaching, we have a system of exercises which develop both mind and body. The general circulation and quality of the blood improve and the brain becomes better nourished, its power of action increases, for it is only in a healthy body we have a perfectly healthy mind. If a body is weakened by disease or by inactivity, the intellectual powers become enfeebled. On the other hand, we find an over-amount of exercise, especially of one or a few sets of muscles, has its effect on the brain, and an athlete trained along one or a few lines of special exercise may be very stupid. We must aim, therefore, to develop the body into the harmonious whole Baron Poase set as his ideal.

Exercise develops a consciousness of power which inspires courage, confidence, and resolution. Through its influence the moral self becomes healthier, purer and stronger.

When we say that we are masseuses we should also be able to say we can apply Swedish Gymnastics, for massage is but the first step, and only a small part of a very wonderful system.

NURSES IN LITERATURE

"To see ourselves as others see us" is said to be a psychological feat of extreme difficulty. But many novels of recent publication, in which the "trained nurse," if not the heroine, is at least a prominent character, her power for good or evil a motive of the plot—would lead us to judge that, to the general public, the "Hospital Nurse" im-

presses one, for the most part, as being little worthy the status of her calling.

To quote from "Elizabeth and her German Garden," said the "man of wrath":

"If you doubt the truth of my remarks and still cling to the old poetic notion of noble self-sacrificing women tenderly helping the patient over the rough places on the road to death or recovery, let me beg you to try for yourself the next time anyone in your house is ill, whether the actual fact in any way corresponds to the picturesque belief. The angel who is to alleviate our sufferings comes in such a questionable shape that, to the imaginative, she appears merely as an extremely self-confident young woman, wisely concerned, first of all, in securing her personal comfort; much given to complaints about her food, and helpless, where she should be helpful; possessing an extraordinary capacity for fancying herself slighted, or not regarded as the superior being she knows herself to be; morbidly anxious lest the servants should, by some mistake, treat her with offensive cordiality; pettish if the patient gives more trouble than she had expected; intensely injured or disagreeable if he is made so courageous by his wretchedness as to wake her during the night—an act of desperation I was guilty of once, and once only."

Mrs. Oliphant's old-fashioned story, "A House in Bloomsbury Square," renders a more just and representative criticism: "Two of those persons, indeed, had been ordered in by the doctor, a nurse for the day and a nurse for the night, who filled the house with that air of redundant health and cheerfulness, which seems to belong to nurses, one or the other of them being always met on the stairs, going out for her constitutional, going down for her meals, taking care of herself in some methodical way or other, according to prescriptions, that she might be fit for her work. And no doubt they were very fit for their work, and amply responded to the confidence placed in them, which was not only shown by Dora, banished by them from her father's room, but by Gilchrist, whose soft heart could not resist the cheerful looks of the two fresh young women, though their light-heartedness shocked him a little."

"Mrs. Simcox's weekly bill fell by chance into the patient's hands and its items filled him with horror. When a man is himself painfully supported on cups of soup and wings of chickens, the details of roast lamb for the day nurse's dinner and bacon and eggs for the night nurse's breakfast take an exaggerated magnitude. And Mrs. Simcox was very conscientious, putting down even the parsley necessary for these meals. This bill put back the patient's recovery for a week.

"The two nurses had at last been got rid of, to the great relief of all in the house except Mrs. Simcox, whose bills shrank back at once

to their original level, and who felt herself, besides, reduced to quite a lower level in point of society, her thoughts or imaginations having been filled, as well as those of Janie and Molly, by tales of the hospitals and sick-rooms, which made them feel as if translated into a world where the gaiety of perfect health and constant exercise triumphed over every distress."

Many other passages might be quoted from this quaint tale.

As a heroine in fiction, to judge by such novels as "The White Linen Nurse," "The Fowler" (Nurse Isabel with her nine-button boots), the "Trained Nurse" on private duty must appear a very flippant, if rather attractive, young woman, boasting many mercenary and vain ambitions, carefully disguising a really kind heart, some small proportion of common sense and aptitude for making the best of her slender educational advantages.

In Richard Dehan's "Between Two Thieves" we are given representation of the type from which we have degenerated. "Ada Merling" has been accepted as a fictional description of the personality and life history of Florence Nightingale, with a little romance interwoven. If space permitted, reference might be made to other novels. The question worth consideration is—Do these criticisms and heroines justly describe the Professional Nurse?

WHERE TO SHOP IN CANADA.

By E. M. Pemberton, Halifax.

In these days of disturbed and disordered trade conditions and interrupted travel, many nurses who have indulged themselves with holiday visits to Boston or New York, or an occasional visit to the "Old Country," will no doubt be considering now the best and most expeditious methods of obtaining various specialties so necessary to their own comfort or to that of their patients, which have previously been purchased while on vacation tours. In Canada we have, it is true, no Wanamakers or Garroulds, no Baileys or Meineckes. The Dominion, however, is well provided throughout the provinces with large department stores and catering firms, including in their stock many nursing requisites, as a few inquiries along these lines will reveal.

Through the advertisement columns of "The Canadian Nurse" we are long since familiar with the wonderful provisions of the T. Eaton Co. stores, recognized headquarters in Canada of almost any or every description of novelty and toilet accessory, stationery and traveling convenience, besides being agents for the well-known and perfect-fitting Hays-Green ready-made uniforms.

The J. F. Hartz Co. are another firm well known to physicians and

nurses, not only for the extensive and varied resources of their catalogue, but for their courtesy and prompt attention to business matters. It seems indeed as if almost every article of Hospital equipment, from an operating table to a temperature chart, were procurable from the Toronto offices of this most enterprising company.

Nurses in Upper Canada have certainly the advantage of being within reasonable shopping distance of the most notable contractors, Ingram & Bell, the well-known surgical provisioners—another Toronto firm—while in Montreal we find the Canadian agency of Messrs. Burroughs & Welcome, and if there are any nurses in Canada unfamiliar with the marvellous constructions of this world-famous firm, they should certainly no longer delay in procuring some samples of their "tabloid" novelties. The miniature "nurses' traveling companion," a unique combination of tea tabloid, and saccharine tabloid, in separate phials, enclosed in a tiny case, is deserving of especial mention—an invaluable possession, and should be in the purse-pocket of every traveling invalid or nurse, since water and milk are procurable almost everywhere.

Uniform material, Sister Dora caps, and other details of nursing outfit, at one time so difficult to procure in the smaller cities, are now obtainable at the larger outfitters of almost every Provincial capital, and the addresses of some of these stores may prove of service to nurses situated in some more or less isolated locality.

In British Columbia—Victoria, Vancouver, New Westminster, and Nanaimo have all their well equipped stores and department stores. The David Spencer, Limited, of Victoria, perhaps one of the oldest-established and best-known of merchants, has always administered extensive departments. Weiler Bros., of Victoria, also advertise amongst their furnishings such conveniences as portable rubber baths, at most reasonable prices.

Messrs. Manchester, Robertson & Allison, of St. John, is one of the most notable of New Brunswick firms. Wood Bros., of Halifax, where one need never be at a loss for any Bond St. or Broadway novelty, is a boon to all Nova Scotians.

For chemists' supplies, the stores of the National Drug Company make wholesale provision from the Atlantic to the Pacific; also the Rexall stores, which are so well represented by efficient retail departments in almost every town in the Dominion. Rexall toilet articles, especially soaps and perfumes, have become so popular with the nursing profession that we find a liberal discount is often accorded to regular customers.

NOVA SCOTIA PROVINCIAL EXAMINATION FOR NURSES

October, 1914.

A.—Anatomy and Physiology—

1. Name the bones of the lower extremity and draw a rough diagram showing their relations to each other.

2. Describe briefly the anatomy of the heart.

3. Define Antiseptic. Name six. Give antidotes for carbolic acid.

4. Give dose of (a) Morphine sulphate.
(b) Strychnine sulphate.
Give the signs which would enable you to recognize an overdose in a patient.

5. Describe the part played by the Pancreas in the process of digestion.

6. What are the functions of the skin?

7. Describe the assimilation of fats.

B.—Obstetric, Gynæcological and Surgical Nursing—

1. How would you recognize when labor has begun? Describe how you would prepare the patient and her bed for labor?

2. Give important points in connection with your care of the patient and infant during the first week after labor.

3. Describe how you would prepare a patient for a laparotomy. Why is this preparation important?

4. How would you pass a catheter? What are the dangers, and how would you prevent these?

5. What precautions would you take in giving a vaginal douche? What are the dangers?

6. How would you make a two-quart solution of carbolic acid (1-40); or hydrarg. bichlor. (1-4000)?

7. Describe briefly how you would dress a septic wound, day by day.

C.—Medical Nursing—

1. Describe the difference between haemorrhage of the lungs and haemorrhage of the stomach.

2. Define the terms: Lysis and crisis.

3. Describe the symptoms of uremia.

4. What precautions should be taken in the care of the mouth of a typhoid patient, and why?

5. What precautions would you take to guard again bedsores, and in what diseases are they most liable to occur?

6. In taking the pulse, what characteristics should be recorded?

D.—Nursing of Children—

1. What are the most common causes of convulsions in children, and what would you do before the arrival of the physician?

2. What symptoms are common in the outset of the three prin-

cipal contagious diseases in children? Differentiate the rash of two of them, and state time of appearance.

3. Give some of the causes of mortality in children.

E.—**Dietetics**—

1. Classify foodstuffs and give an example of each.

2. How would you prepare beef broth? What cuts of meat make the best beef broth, and why?

THE CANADIAN NURSE EDITORIAL BOARD.

The third annual meeting of The Canadian Nurse Editorial Board was held at 295 Sherbourne street, Toronto, on November 25, 1914, at 3 p.m. There were present the President, Mrs. W. E. Struthers, in the chair; the Secretary-Treasurer, Miss M. E. Christie; Miss E. J. Jamieson, Miss Ewing, Miss Stubberfield and the Editor. Letters expressing regret at inability to attend were read from Miss E. H. Freeland, Montreal; Miss Judge, Vancouver; Miss Regan, Port Arthur; Miss A. M. Ross, now of Edmonton; Miss Kirke, Halifax; Miss G. E. Nourse, Sherbrooke, Que; Miss MacKenzie, Ottawa, and Miss Morton, Collingwood.

Miss Christie's report was as follows:

Financial Statement—November 1, 1913, to October 31, 1914.

Receipts.

By Balance November 1, 1913	$ 3.36
" D. O. McKinnon, as per agreement	316.63
" Central Registry	5.00
" The Canadian Nurse Fund subscriptions	7.50
	$332.49

Disbursements.

To Postage	$ 2.00
" Expense	9.05
" Printing	14.00
" Editor's salary	250.00
" Editor's telephone	9.00
" Editor's postage	28.29
Balance October 31, 1914	20.15
	$332.49

Examined and found correct,
M. R. SORLEY.

Mr. McKinnon sent a statement of the revenues of The Canadian Nurse for the past year.

Business carried by The Canadian Nurse from November 1, 1913, to October 31, 1914:

	Advertising.	Circulation.
November	$ 180.07	$ 100.84
December	183.06	241.65
January	168.37	216.92
February	173.34	168.22
March	174.56	133.31
April	184.16	140.50
May	171.50	115.00
June	174.08	127.20
July	186.38	88.11
August	178.65	67.75
September	176.18	95.31
October	166.59	79.75
	$2,116.94	$1,574.56

The total revenue for the year is $3,691.50. This is an increase over last year of $329.50.

Mr. McKinnon did not submit a statement of the expenditure to place over against this, so that the profits might be estimated.

The main business under consideration was the proposal of The Canadian National Association of Trained Nurses to take over the control of The Canadian Nurse. There was a strong desire to facilitate the transfer, for we are all members of the Canadian National, and the proposed transfer has been the objective of the Board from the inauguration of The Canadian Nurse.

The committee of the Canadian National in charge of the plans for the taking over of the magazine met with the Board by invitation of the President, and was put in possession of all available information. To further facilitate the work of the committee it was asked to submit a list of questions that the Board might render all the assistance in its power to this work. The Board and the committee continued the discussion over a cup of tea, after which the committee retired.

The Board decided to secure legal advice as to the proper means of transfer, etc.

The election of directors for the ensuing year resulted in the appointment of Mrs. Struthers, Miss M. E. Christie, Miss Gunn, Miss Robinson and Miss McNeill. Later Mrs. Struthers resigned and Miss Lennox was appointed a director.

THE GRADUATE NURSES' ASSOCIATION OF ALBERTA

The annual convention of the Graduate Nurses' Association of Alberta was held in First Presbyterian Church, Edmonton, on Tuesday, October 13, 1914. The attendance was not as good as expected, as many of the nurses were on duty. The Provincial Association now includes only the Associations of Calgary and Edmonton, and the

question of promoting the organization of local associations wherever there were nurses enough to support an association was discussed.

In her presidential address, Mrs. Armstrong said: "While the association has been carried on under a system of individual membership, it seems that efforts should be made to organize local associations in towns that are large enough to support them, with the end in view of having these local organizations affiliated with the Provincial Association and the membership fees worked out upon a per capita system, for the collection of which the local association would be responsible." The general temper of the meeting was to try to develop this consideration into a practical reality.

Submitting her annual report, Mrs. Armstrong emphasized the value of unity in work. It was with this end ahead that the Association was striving for Registration—to obtain an official standard of work, which at present does not exist. There is nothing now, according to Mrs. Armstrong, to prevent a girl with nothing but a diploma from a Chicago correspondence school of nursing to come in this province and obtain work meant for skilled, efficient women. Another subject touched upon was the effort made by the local association to secure volunteers to go to the front. Although seventeen trained women volunteered, the venture was without fruit. At the same time, the President remarked that official news had come from the Old Country that 40 nurses, English women, had been sent home again because there was no call for them. Most of the Canadians, says a Canadian in London, are being placed in the Canadian hospital erected there.

The President read a letter from Mr. Davidson, of the Welfare League, asking for volunteer work among the needy poor and soldiers' families of the city. The services of local nurses were solicited. Already a goodly number have responded to the call. It has been arranged that no nurse will be called upon more than once, her duties to take no longer than one hour at each time. This benefit work, it is understood, must not interfere with professional duties, to which the nurse may go on peremptory call.

Miss McBride, graduate of Belfast Hospital, read an interesting paper, in which nursing in the Old Country and in Canada were compared. It was a delightful effort, followed by a vote of thanks.

The proposed Registration Bill was discussed, Miss McPhedran, convener of the Legislation Committee, leading, and the members were unanimous in upholding it.

The most important clauses are:

Every person who possesses the following qualifications shall, upon complying with the requirements hereinafter stated, and upon payment of the sum of ten dollars, be entitled to be registered as a member of the association, on producing to the registrar documents and evi-

dence satisfactory to the council, proving such qualifications:

(a) Residents of this province practising the profession of nursing in this province, who are graduates of training schools approved by the council, or who are registered as trained nurses in any other province which has substantially the like requirements as this province; and

(b) Are of good moral character, and

(c) At least twenty-one years of age; and

(d) Have received such preliminary education as may be determined necessary by the senate of the University of Alberta; and

(e) Have passed such examination as required by the senate of the University of Alberta.

All examinations and matters pertaining thereto under this Act, shall be determined by the senate of the University of Alberta and conducted by and under the direction of the senate of the University of Alberta, who shall appoint examiners therefor.

That this Act is meant to affect only registered graduate nurses is definitely shown in the following clause.

This Act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, nor to any person nursing the sick for hire who does not in any way assume or pretend to be a registered nurse.

On the grounds that what is everybody's business is nobody's business, two committees were formed to act as channels through which the doctors' cooperation might be universally enlisted. The personnel of the Calgary committee is as follows: Miss McPhedran, Mrs. Fisher and Miss Patterson. The Edmonton committee is to include Mrs. Colin Campbell, Miss Morkin, and Miss Gray.

Miss Walsh read an excellent paper on "Woman's Sphere."

Nursing she described as long evolution. The Registration Bill, Miss Walsh asserted, set the standard of nursing higher in Alberta than elsewhere. It sought to develop ideals of efficiency. All felt that nurses should be graduates of hospitals containing fifty beds. This was a highly commendable step, considering that Major Hart, assistant medical director of Canada, has made this a condition in the case of volunteer nurses who wished to go to the front. "The end of the bill stands for efficiency, and the public realizes this." Miss Walsh was tendered a hearty vote of thanks.

In so much as it is possible for tongue to sing the magnitude of Florence Nightingale's noble work for suffering humanity in the Crimean War, Dr. J. P. MacDonald rose to the occasion. Tracing her early life from her first days in her native Italy and in her beautiful Derbyshire home in England; dwelling upon her cultured parents, her pristine bent towards the relief of suffering, her accomplishments, he

led his audience to the supreme test of her life in Scutari, during the battle of Inkerman, and subsequently. It was here that "The Lady with the Lamp," as she has been lovingly called, showed her marvellous gift of organization, her generosity of character. A pen picture was drawn of the unspeakable sufferings there—agony, misery, starvation, infection—until the arrival of Florence Nightingale and her faithful band—14 English Church nurses, 10 Sisters of Mercy, and 14 others, dying nursed dying. Her generosity in devoting the gift of the British nation of $250,000 to the building of King's College and St. Thomas Hospital Training School was touched upon. The parts the deaconesses at Kaiserswerth and the sweet faced Sisters of Mercy in Paris played in her life were referred to. Honored and worshipped by all, Florence Nightingale, one of the noblest creatures cast in feminine mould, passed away in August, 1910.

The vote of thanks tendered Dr. MacDonald was accompanied by spontaneous applause.

The officers for 1914-15 are as follows:

President—Miss McPhedran, Calgary.

First Vice-President—Mrs. Armstrong.

Second Vice-President—Miss Edy, Calgary.

Recording Secretary—Miss Rutherford, Calgary.

Corresponding Secretary—Miss Morkin.

Treasurer—Miss Patterson.

The Executive Committee will include Miss Walsh, Miss Hunter, Mrs. Samuels, Miss Hereund, Calgary; Miss McKay, Calgary.

The Legislative Committee will include Miss Martha Morkin, convener; Mrs. Armstrong, Miss Walsh, Mrs. Lee, Mrs. Hewgill.

Press Committee—Miss Rutherford, Calgary; Mrs. Colin Campbell, Miss Hunter.

Graciously expressing her appreciation to the assemblage when Mrs. Colin Campbell tendered the President on their behalf a vote of thanks, Mrs. Armstrong's au revoir to the nurses was "Be not ministered unto but minister unto others."

The Graduate Nurses' Association of Edmonton entertained the visitors at luncheon at the "Hudsonia."

UNIVERSITY OF MANITOBA EXAMINATION FOR NURSES' REGISTRATION, SEPTEMBER, 1914.

MEDICAL NURSING.

(N.B.—Answer Any Ten Questions.)

1. What observations would you record in nursing a case of typhoid fever?

2. What considerations would guide you in the selection of the "sick-room"?

3. What measures should the nurse adopt to prevent the spread of infection in a case of pulmonary tuberculosis?

4. What measures could a nurse employ to relieve sleeplessness?

5. How would you disinfect the patient and sick room after scarlet fever?

6. By what different methods are medicinal agents introduced into the system? Give examples of each.

7. Outline your method of giving a hot-pack.

8. What emergency treatment could a nurse employ in case of haemorrhage (a) from stomach, (b) from lungs, (c) from bowel?

9. Briefly outline the general care of a child ten years of age having an acute contagious disease. Include diet.

10. Mention some of the more generally used emetics, giving their doses.

11. Give the antidotes for carbonic acid and for bichloride of mercury.

12. What preparations should a nurse make for catheterization of a patient?

13. Describe a test breakfast, and what preparation is required for stomach lavage?

SURGICAL NURSING.

(N.B.—Answer Any Ten Questions.)

1. Name the organs in the thoracic cavity and those in the pelvic cavity.

2. How would you prepare a room and the patient for appendectomy in a country house?

3. State the normal pulse, respiration, temperature and amount of urine for a man.

4. Tell what is the purpose of the circulation of all the blood through the lungs.

5. Describe your care of the wound in a case where gall stones have been removed and a drainage tube is left in.

6. What is the difference between a simple and a compound fracture?

7. A patient has sustained a compound fracture of the middle third of the femur, accompanied by haemorrhage. How would you prepare him for removal to a hospital ten miles distant?

8. Name the complications and accidents liable to occur in a clean laparatomy during the first three days.

9. What is meant by: (a) a high enema, (b) a low enema?

10. Give the technique of catheterization of a female, with precautions to be observed.

11. Why should a dressing be reinforced if the discharge comes through?

12. Define: sepsis; asepsis; antiseptic; deodorant.

13. What should the nurse have prepared for a case requiring intravenous injection of saline solution?

OBSTETRICAL NURSING.

(N.B.—Answer Any Ten Questions.)

1. Tell how you would prepare for delivery in a private house: (a) the room, (b) the bed, (c) the patient.

2. Give the average duration of pregnancy, and tell how you would calculate the date of labor.

3. What directions would you give a pregnant woman with regard to the following: (a) diet, (b) clothing, (c) exercise?

4. Give the symptoms of and outline your duties in the first stage of labor.

5. Care of breasts: (a) in pregnancy, (b) during the puerperium.

6. Give your prevention and treatment of post partum haemorrhage.

7. A child does not cry at birth. What would you do?

8. Cause, symptoms and treatment of opthalmia neonatorum.

9. A puerperal woman has a chill with high temperature and rapid pulse on the third day. Name the various things it may be due to.

10. What are the warning symptoms of eclampsia? Tell what you would do in case a fit came on.

11. Name some symptoms that you would consider as danger signals during pregnancy.

12. What change takes place in the lochia during the first week?

13. What is: Mastitis; liquor amnii; vernix caseosa; quickening fontanelle?

The Pacific Coast Journal of Nursing makes the suggestion that Superintendents of Training Schools make arrangements whereby graduate nurses may have the privilege of attending lectures given to pupils. This would give graduates an opportunity of keeping abreast of the times in particular branches. A proper charge for such privilege could be arranged, and would, doubtless, be gladly met.

The suggestion is a good one and worthy of consideration.

"How Nurses May Contribute toward a Hospital's Success" is discussed in an interesting way by Miss Amy Beers, Superintendent Jefferson County Hospital, Fairfield, Iowa, in *The Modern Hospital* for November. Some of her points are: "The personality and professional training of the graduate nurses who assist in the management are to be considered." "The qualifications of candidates for admission into

the training school should be carefully studied." Personal interviews are recommended, in order to exercise good judgment in the final selection of pupils. The hospital should provide complete training with proper supervision.

It is highly important that the members of the medical staff have equal privileges, and are kept informed regarding the hospital equipment and the advantages offered for scientific work. Aim to follow their orders and refrain from any criticism of their methods, for often this is the source of much dissatisfaction.

Too much care cannot be given to the thorough instruction of the nurses in ethics and hospital etiquette, and their personal responsibility in helping toward the success of the hospital. Indiscreet behaviour will reflect directly on the hospital and undo the results of many months of well-directed efforts. Have them imbued with the sentiment that their future success is dependent on the status of the hospital from which they graduate.

During the last six months of the senior year, if special classes are conducted in advanced nursing topics, with reference to administrative work, and a course of reading outlined, thereby assisting the students to find the line or field suitable to them and fitting them specially for it, their enthusiasm and loyalty for the hospital will become fixed, and they will develop into valuable workers. Each graduate from the training school should be an educator.

They meet people in their homes in an intimate manner, and are constantly being consulted on the advisability of entering the hospital for surgical operations, obstetrical delivery, chronic troubles, treatments, and even x-ray and laboratory work.

The superintendent of the hospital might keep in close touch with the outside graduate nurses and the school nurses, unconsciously securing their hearty co-operation, by establishing a registry at the hospital, making no charge whatever. The doctors are very pleased to have some definite place from which to secure a competent professional nurse, and it is convenient for the nurses to keep the hospital superintendent informed as to their whereabouts. The registry's usefulness to the nurses may be extended by furnishing supplies to them at hospital prices, renting certain articles that are expensive and not often required outside of the hospital; in short, making a hospital bureau for the nurses.

By calling the outside graduate nurses to the hospital for "special" cases, the superintendent can learn of their ability and can interest them by explaining all the new methods and equipment, by discussing nursing affairs in general and local conditions in particular —then they are inclined to use their influence wisely. Another way to attract their interest and to keep them enthused for the hospital

is to organize a club and include the graduate nurses in the hospital; have monthly or quarterly meetings at the nurses' home and prepare short, interesting programs, followed by light refreshments and music. The discussions should be open, and a report of the adverse criticisms they have heard regarding the hospital will prove of value, and future trouble may be averted. In order to have the meetings well attended, they must be of benefit to the graduate nurses, and this will require the expenditure of some time and energy. The professional journals will be a great aid in making up the programs; the history of interesting and unusual hospital cases might be cited, always omitting the patients' and doctors' names; any discovery or invention that assists in the nursing care; any new books or publications for nurses; any national or state movement associated with nursing affairs; practical demonstrations of new methods of procedure in nursing treatment; even amusing incidents and errors happening in the hospital might be permitted, if related in an entertaining manner, as a variation.

Promptly discourage any discussion of the patients by the nurses, either inside or outside of the hospital, but help them to form the habit of telling the impersonal points about their work and the strides forward in their profession in such a way as to attract the interest of the people to the extent that they will consider the hospital worthy of their assistance, and consequently circulate favorable reports concerning its usefulness.

Third, the graduate nurses of the district have a wonderful influence, which may be directed either for or against the hospital, but with tactful management may prove of inestimable value.

"In life's small things be resolute and great
To keep thy muscles trained. Know'st thou when Fate
Thy measure takes, or when she'll say to thee,
'I find thee worthy, do this thing for me'?"

Editorial

THIS NUMBER

A Nova Scotia member of the Editorial Board suggested that each Provincial Association be made responsible in turn for the material for a certain number of pages. The Directors approved of the suggestion, and the Graduate Nurses' Association of Nova Scotia was given the first opportunity to carry this plan into effect. This Association responded with the first six papers in this number.

We are hoping that the different Provincial Associations will follow the good example set by Nova Scotia. This plan will, we believe, develop a greater interest in "The Canadian Nurse" and help each nurse to realize the duty of supporting her own magazine and assisting in its development.

THE INTERNATIONAL CONGRESS

The International Congress, planned for May 31st—June 5th, 1915, at San Francisco, which has long been looked forward to by many nurses in the different countries of the world, is now likely to be indefinitely postponed.

The National Council of Great Britain and Ireland has sent a recommendation to the Executive of the International advising that the Congress be postponed till 1916 or later. Other countries have signified their inability to send delegates. The Canadian National Association feels unable to send any representatives and has withdrawn from the Congress.

The Executive of the International, at its January meeting, will, therefore, likely decide on the postponement of the Congress. To take this step will be very disappointing to this Executive, for its splendid preparations for the receptions of its guests were all but completed. But the terrible war has made it impossible for the nurses of so many countries to give any attention to anything but the work at hand. Some nurses are busy at the front. Nurses everywhere are giving of their time and means to help relieve the suffering and distress resulting from the war and the resulting industrial disturbance.

Definite information about the Congress will be available for the March issue.

At the last moment definite information has been received that the International Congress has been postponed.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss F. M. Shaw, 91 Ontario St. W.
District Secretary—Miss M. E. Wand, 259 Peel St.
TORONTO—Nurses' Residence, H.S.C. last Monday 8 p.m.
Chaplain—Rev. D. L. Owens, 10 Trinity Square.
Superior—Mrs. Goldwin Howland, 538 Spadina Ave.
QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday 8.15 p.m.
Chaplain—The Very Rev. the dean of Quebec.
Superior—Mrs. Williams, The Close

During the season 1914-1915 the Montreal Branch of the Guild of Saint Barnabas has arranged to hold two meetings each month. One of these is being held, as heretofore, on the third Tuesday of each month, at 8.15 p.m., in the Church of St. John the Evangelist. After the service, with address, tea is served in the Guild Room of the Parish House. The other meeting, on the second Tuesday, is held at half-past three in the afternoon in St. John's Parish House. This meeting is especially intended for members who are on night duty or doing private nursing and unable to attend an evening meeting. Of course, any member is heartily welcome to attend. As this is a time when none of us have—or ought to have—idle moments, the members bring their Red Cross Work or work for the Belgian Refugees or our own poor. After tea the Guild Office, without address, is said in the church. Many of the members remain for the usual daily evensong at five o'clock. At one of the recent meetings we were all intensely interested in some letters from nurses in France. One of our members kindly brought these and read them to us. They were very vividly written and brought home to one the awful suffering of the wounded in this terrible, terrible war.

THE GRADUATE NURSES ASSOCIATION OF ONTARIO.

(Incorporated 1908.)

President, Mrs. W. S. Tilley, 157 William Street, Brantford; First Vice-President, Miss Helen N. W. Smith, 559 Concession Street Mountain, Hamilton; Second Vice-President, Miss Morton, Superintendent Collingwood General Hospital; Recording Secretary, Miss I. F. Pringle, 310 Brunswick Avenue, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby Street, Toronto. Directors: Miss Mathieson, Superintendent Riverdale Hospital, Toronto; Mrs. W. E. Struthers, 558 Bathurst Street, Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 290½ Dundas Street, Toronto; Miss Jessie M. Robson, 45 Dundonald Street, Toronto; Mrs. Clutterbuck, 148 Grace Street, Toronto; Miss J. G. McNeill, 82 Gloucester Street, Toronto; Miss C. E. De Vellin, 505 Sherbourne Street, Toronto; Miss O'Connor, St. Michael's Hospital, Toronto; Miss E. J. Jamieson, 23 Woodlawn Avenue East, Toronto; Miss Kinder, Hospital for Sick Children, Toronto; Mrs. George Nichol, Cataraqui; Miss Allen, 3 Classic Avenue, Toronto; Miss Agnes Boyd, 59 Avenue Road, Toronto; Miss G. L. Rowan, Superintendent of Nurses, Grace Hospital, Toronto; Mrs. I. P. MacConnell, 514 Brunswick Avenue, Toronto.

Conveners of Standing Committees: Constitution and By-Laws, Miss H. N. W. Smith, Hamilton; Press and Publication, Miss Ewing; Legislation, Mrs. Clutterbuck,

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The Hamilton Chapter of the G.N.A.O. held an informal social evening on December 11th, in the Nurses' Club, 137 Catherine Street North. There were a number of nurses present, all busily engaged in sewing and knitting for the soldiers. Refreshments were enjoyed later in the evening.

The first regular meeting of the Kingston Chapter of The Graduate Nurses' Association of Ontario was held at the Oliver Mowat Hospital, the first week in December, with Miss Milton in the chair. About twenty-six nurses were present. Miss Hiswek read a paper on the work of the chapter, which was discussed. After the business meeting, Miss Bass, Superintendent of the hospital, invited her guests to the dining room, where a delightful tea was served. All thoroughly enjoyed themselves and voted the first Chapter meeting a grand success, and Miss Bass an ideal hostess.

Word has been received from the Kingston nurses in France. They are doing twelve-hour duty in a base hospital and are finding the work very enjoyable.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

The Red Cross Group resumed their work on Tuesday afternoon, after a two weeks' holiday.

Miss Ferrier, we are glad to report, has recovered from her recent illness.

Mrs. Petrie is at present in Salt Lake City.

The monthly meeting of the Association was held on Tuesday evening, January 5th, at 8 o'clock.

It was the first time our President, Miss Phillips, had been present since her long illness, and her entry was greeted with hearty applause.

Dr. Springle delivered a lecture on Brain Surgery, which was most instructive and interesting, the slides adding to it in every way. He said that operations on the brain were among the earliest known. They were performed in the Argentine Republic in pre-historic times—in some cases as a religious rite—and with the Romans, trephining and trepanning were resorted to in ancient days.

At one time 25 p.c. to 50 p.c. of these cases proved fatal, but now 60 p.c. to 75 p.c. recover.

Cases of Tumor were far more difficult than Traumatic cases.

In the former, larger sections have to be opened, and the Tumor may burst, causing instant death.

A nurse, representing Horlick's Malted Milk Co., demonstrated in a most practical way that delicious ice cream could be made from the milk. She distributed pamphlets, sample bottles of milk, and patent mixers freely. After partaking of the ice cream and cake the members dispersed.

The hospital at Quesnel, B.C., has had a very successful year, and the board are making plans for enlarging the building.

A V.O.N. Country District was opened in Jedburgh, Saskatchewan, in November. Miss Grigg is in charge.

Country districts are being opened on January eighth in Paynton, Sask., and Sandwith, Sask. Miss Pidgeon, who has just completed her course in Vancouver, is in charge of the former; Miss Skuse, of the Ottawa Training Centre, of the latter.

The new districts in Owen Sound and Woodstock, Ont., are doing well. Miss Barrie is in charge at Owen Sound, Miss Matthews at Woodstock.

The Lady Minto Hospital at Chapleau, which was opened early in 1914, is one of the most complete little hospitals in Canada. Miss McKinnon is the Matron and has as her assistants Misses Hollick and McGrath. During the inspection visit of the Chief Superintendent a Hospital Aid was organized, and the ladies have started in to work very enthusiastically for the hospital.

Miss M. Boswell has charge of the Hospital Social Service Department of the Western Hospital, Montreal. This department is supported by the Westmount V.O.N. Local Association. The reports of the work done are most interesting.

A second nurse has been added to the Sherbrooke district nursing staff.

The Truro, N.S. district committee are employing a second nurse and will look after the school nursing and nursing in the country districts in the vicinity of Truro. Miss Mosher has been appointed to assist Miss Morrison.

Miss Dodds has succeeded Miss Parke as Matron of the Queen Victoria Hospital at North Bay, Ont., and Miss Dorway has been appointed her assistant.

The Victorian Order nurses in Dundas, Gravenhurst, Bobcaygeon, Hespeler, Truro, Roblin and Jedburgh are doing the School Nursing in their districts.

HOSPITALS AND NURSES.

Ontario

The annual meeting of the Public Health Nurses' Association of the Department of Health, Toronto, was held on October 7th, 1914, in the City Hall. The officers for the coming year were elected as follows: President, Miss Fellowes; vice-president, Miss Norah Moore; secretary, Miss Wells; treasurer, Miss Marjory Gardner; directors, Miss Dyke and Miss Jessie Woods; press representative, Miss Neilson.

Dr. Hastings addressed the meeting, laying particular emphasis on the responsibilities of the nurse in public health matters.

In the year that has closed and in the one that is to come, an effort has been made and will be made to secure for the meetings of this association speakers on various subjects in connection with the nurses' work. A glance at the programme will show the broad scope of the subjects treated. As well as talks on tuberculosis, infant welfare work, pre-natal work, the problem of the feeble-minded, quarantine rules and regulations, the nurses will have addresses on municipal government, relief work of the different charitable organizations, vital statistics, and many other subjects.

Mrs. Bell entertained the Toronto Western Hospital Alumnae Association to a musicale at her home on the evening of January 8th.

Miss Clara Fell, graduate of Toronto Western Hospital, who has been nursing in Moose Jaw, Sask., is visiting her home at Orillia and with Toronto friends.

Miss Laura Hanham has been appointed Assistant Superintendent of the General Hospital, Pincher Creek.

Miss Lillian Dixon and Mrs. Malcolmson have been appointed investigators by the United Relief.

Miss Eldred Neelands spent a few days in the city on her way to Philadelphia to take a course in anaesthetics, also a course in the Boston Maternity Hospital, previous to returning to her duties in Bela-Bela, B. C.

Mrs. Reynolds invited a few of her friends to the Club on Wednesday afternoon, November 25th, to sew for the soldiers. A goodly supply of pneumonia jackets, flannel bandages, and housewives was made. Afternoon tea was served.

The nurses at the Club have been busy sewing and knitting and making hospital supplies and comforts for our soldiers. Two large boxes were sent off early in October.

Collingwood—Miss Rainey and Miss McCulloch spent Xmas at their homes in Barrie, while four of the other nurses spent the day on duty.

Miss Shaw spent New Year's at her sister's, in Hamilton.

Miss Baker, a former Superintendent of a mission hospital in

Saskatchewan, owing to ill health, has returned to her home for an indefinite period.

Miss Robinson, Superintendent of Midland Hospital, spent New Year's Day at her home in Collingwood.

Miss Redmond, former Superintendent of Owen Sound Hospital, was married to Mr. Richard Corbet on Wednesday the ninth of December, at St. John's Anglican Church, Toronto. After January 1, 1915, they will reside at 848 First Avenue West, Owen Sound.

The Collingwood Alumnae Association wishes "The Canadian Nurse" and all its readers every success in the coming year.

It was an entirely pleased and hope-impressed representation of the membership of the Alumnae Association of the Hospital for Sick Children, Toronto, which emerged from the "Social Evening," held on the evening of Dec. 10th last, at the Nurses' Club, Sherbourne Street. The President, Miss Teeter, received. Admiration of the beautifully-arranged table, schemed in golden 'mums and feathery green, was as generally expressed as was the more practical commendation of the tasty refreshments displayed thereupon. What was left of the nice things to be said by the fortunate guests went generously to those participating in the musicale. Recitations were interspersed, of which Miss Galbraith held capable charge. Besides Miss Potts, Superintendent of the H.S.C., Miss Crosby, the gracious "Hostess of the Club," made everyone feel welcome and happy. Mrs. Canniff poured tea, ably assisted by the officers. On every hand one heard the greatest praise for the pictures and furnishings of the cosy clubhouse.

Previous to the music, there was a meeting of the Association's executive to arrange for their Christmas cheer. It was decided to set aside the following amounts: Hospital for Sick Children, $10.00; Children's Aid Society, $5.00; Infants' Home, $5.00; Hospital for Incurable Children, $5.00.

Successful as was the Alumnae's Christmas function, and productive of much pleasure among the members, those who met and parted under such happy auspices are trusting that for future Alumnae events there will be even a larger attendance. There were about fifty present.

Peterboro—The annual meeting of the Nicholl's Hospital Alumnae was held at the home of Miss M. A. Ferguson, 476 Bon Accord St., on Friday afternoon, November 6th, 1914. The following officers were elected: President, Mrs. M. K. Douglas; first vice-president, Miss Brown; second vice-president, Miss E. Davidson; secretary, Miss Fanny Dixon, 501 Water St.; treasurer, Miss Walsh, Nicholl's Hospital; "The Canadian Nurse" representative, Miss M. A. Ferguson.

The five last graduates were received into membership.

Mrs. M. K. Douglas and Miss Frances M. Smyth, one of the last

graduates, left for Quebec Military Hospital on New Year's Eve.

Mrs. Vant (Miss Irene Walton), class '98, Nicholl's Hospital, now of Nelson, B.C., has been visiting friends in Peterboro.

The St. Michael's Hospital Alumnae Association held a business meeting at the hospital on Monday, December 14, 1914. There was a fairly large attendance. The Association decided to use part of their funds for the relief of the poor of the city, and the President kindly consented to attend to the cases reported to her.

The many friends of Miss Anna Doig, a graduate of St. Michael's Hospital, will be glad to hear that she has quite recovered after her operation for appendicitis.

The Booth Wing of St. Luke's Hospital, Ottawa, being completed, the formal opening took place December 7 and 8, 1914.

The Children's Ward and play-room, furnished by the May Court Club, and the sunroom adjoining, furnished by Mr. and Mrs. Duncan Scott, in memory of their little daughter, were opened by H.R.H. Princess Patricia Monday afternoon, December 7th. The new wing also contains two public wards and sixteen private rooms.

Mrs. Edward Seybold and Mr. Lumsden each provided the furnishings of a public ward. These were opened Tuesday afternoon, December 8th, by H.R.H. The Duke of Connaught.

Mr. J. R. Booth, the donor of the new wing, was sufficiently recovered from his accident to be present also.

At the close of the proceedings the Ladies' Auxiliary entertained the guests at tea. The following evening the Ladies' Auxiliary and the Medical Staff gave a dance for the nurses.

The Training School has been increased from 28 to 50 nurses.

As usual, the patients in St. Luke's were made as happy as possible at Christmas time. Each child received a well-filled stocking.

Three St. Luke's nurses are now at the front.

Through the members of the Graduate Nurses' Association of Ottawa and their friends, about 130 of the very poorest children had a happy Christmas. Each child received a pair of warm stockings filled with good things. The stockings were sent to the Salvation Army for distribution.

The annual meeting of the Ottawa General Hospital Alumnae was held at the hospital, Water Street, on Monday, January 4, 1915. A large number were present, and the reports of the secretary and treasurer were most gratifying.

Miss Davidson's singing was greatly enjoyed by all. At the close of the meeting Sister Josaphet kindly entertained the members at tea.

The officers for 1915 are: President, Mrs. Vaughan; vice-president, Miss E. Burke; secretary, Miss Redmond; treasurer, Miss Hall.

On Christmas Eve the nurses of the Protestant General Hospital,

Ottawa, were given a supper by the Auxiliary of the Hospital. Dancing and music made the evening very pleasant, and helped some to forget their homesickness. A cheque of fifty dollars for sleigh drives and entertainment was presented to the nurses by the members of the House Committee. The patients in the hospital, public, private and semi-private, and all domestic employes, were each given one or two useful gifts by the Hospital Santa Claus (the Ladies' Auxiliary). The Children's Ward was beautifully decorated by a committee from the May-Court Club, who also provided a tree and presents for all the little ones. A real live Santa Claus distributed the gifts, to the delight of all those who were well enough to enjoy it. A Victrola, loaned for the day by one of the Ottawa firms, furnished music for all the wards, which was very much enjoyed by the patients. The nurses sang carols in the early morning as they walked through the corridors from the top to the lower floors.

Miss Elsie McKinnon, Head Operating Room Nurse, visited her home in Arnprior, Ont., New Year's Day.

Miss Margaret Macdonald, Assistant to the Superintendent of Nurses, visited her home in Perth, Ont., Sunday and Monday following New Year's Day.

Miss Caroline Catton, Assistant Superintendent of the Maternity Hospital, visited friends in Huntingdon, Que., during New Year's week.

Miss Myra Goodeve, 1913 graduate of the Lady Stanley Institute Training School of the Protestant General Hospital, writes enthusiastic letters on her work and experiences as Superintendent of the Bulford Manor Hospital, for soldiers on Salisbury Plains. "1,000 patients tonight—600 in tents, 200 in one place five miles from here, 50 in another four miles away, 25 in another three miles away, and the balance distributed among three houses here. I have 41 nurses; one nursing sister who is an M.D., as anaesthetist; and one nurse to take care of the nurses' home." Miss Goodeve travels in a motor car when inspecting her hospital units each day.

The Ottawa Graduate Nurses' Association held a Dolls' Bazaar in the new club rooms, 93 Fourth Avenue, in December, when one hundred and fifty dollars was cleared. This will be added to the Nurses' Benefit Fund.

Quebec

The Alumnae Association of the R.V.H., Montreal, held a sale of useful and ornamental articles and candy on the evening of December 9th, in the Nurses' Home. The proceeds were added to the Sick Benefit Fund. The sum realized was three hundred and sixty-two dollars. A very handsome quilt, which had been donated, was raffled, and brought up the sum total to four hundred and twelve dollars. There were a great many present and a pleasant social evening was spent.

Miss Roberts sang and recited, and Miss Glendinning also sang. Refreshments were served during the evening.

Miss Freda Graham, who has charge of the hospital at Charlottetown, P.E.I., is in Montreal for the holiday season.

Miss Kathleen Watson, Montreal, graduate of Ross Memorial Hospital, Lindsay, has been appointed Superintendent of the General Hospital, Kincardine.

New Brunswick

The regular meeting of the New Brunswick Graduate Nurses' Association was held on November 9, 1914. Only routine business was transacted.

Miss Edith Hegan, who recently returned from Germany, has volunteered her services as nurse for the front and has been accepted. Miss Hegan is awaiting further orders, but expects to sail with the Second Contingent.

Miss M. G. Williams is in Amherst, N.S., at present.

The New Brunswick Graduate Nurses' Association are revising their constitution and by-laws, this being necessary to meet the requirements of the National Association.

Miss Agnes D. Carson, R.N., graduate of the St. John General Public Hospital, who has been in Toronto attending a meeting of the Daughters of the Empire, has returned to her work in Detroit.

THE LITTLE BROTHER.

By Rene Norcross.

Mah Too lay back luxuriously against the bed-rest, and smiled at the big bunch of carnations on his locker, and the junior nurse, who had just settled him to her satisfaction, stepped aside for a comprehensive look, and smiled at him.

And certainly he made a pretty and striking picture with his jet black queue falling against the crimson nightingale that clothed his slim shoulders, and the white pillow as background to both.

Chinese patients were no novelty in the wards of the Metropolitan. Indeed, there was some inclination to regard them as unavoidable nuisances to be dealt with as kindly and patiently as possible, but Mah Too was an exception.

For one thing, he was a mere child, scarcely fourteen years old, and having only arrived in Vancouver from his native land one month before, knew hardly a word of English. Then his beautiful manners and shy gratitude for every attention would have won any heart, and finally, there was his astonishing prettiness, that could not fail to make

the appeal that physical beauty has always made since the days of the ancient Greeks.

It was a cameo-like little face, oval, and dusky white, not yellow.

The soft brilliance of the eyes under the delicate, well-marked brows, atoned for their oriental narrowness; the nose was aquiline, and the small, curved, crimson lips closed over perfect teeth.

Even Fenton, the orderly of the Men's Medical, whose natural feeling towards Chinese patients was that of a well-conditioned terrier towards rats, never passed Mah Too without a smile, and was careful to banish all the customary brusqueness from his tone when he spoke to him.

The carnations had arrived at the boy's table by a devious route.

A private ward patient, with more than she knew what to do with, had given a double handful to her pet nurse, who promptly halved with her special chum, the senior nurse of the Men's Medical, who took ten minutes out of her precious hour off to select the best vase from the scratch lot on the back shelf in the bathroom, and arrange the flowers in it to her fastidious taste before carrying them to Mah Too, feeling herself amply rewarded by the flash of delight that lit up the wistful eyes, and the whispered "sank-oo," with which they were received.

It was a fortunate thing that when the carnations were faded another of the nurses happened to have a bunch of roses to take their place, and that some beautiful poppies appeared mysteriously to succeed the roses, and so round to carnations again, for a Chinese cook's wages are limited even in that paradise for the Chinese, British Columbia, and Mah Soon had already mortgaged his future to Yip Sing, the rich silk merchant, by way of raising the heavy head-tax and the fare necessary to bring out the little brother. There had been a place all ready for him in the west end, where he could have earned his keep and a little over, till he, too, qualified as a cook, but the grim walls of the Metropolitan had closed on him in one short month, and Mah Soon, sitting beside his cot on visiting afternoons, stroking the languid little hand with wonderful lightness, found his bright hopes for the future growing dim and remote as the days passed and the oval cheeks of the little brother grew thinner, the eyes less brilliant, the smile more weary.

Others beside Mah Soon watched the change with forebodings. Mah Too's doctor frowned more every day over the boy's chart, and there crept into the manner of the nurses a certain special gentleness, differing in some subtle way from their customary brisk kindness, of which Kennedy, the heart case in Bed Four, who had seen the ward empty and refill twice, recognized the significance.

Everybody was very good to Mah Too. Dick, a boisterous ten-year-old, an unappreciated overflow from the crowded Surgical down-

stairs, lowered his voice and walked on tip-toe when passing the China-boy's bed, and was only prevented slipping surreptitious oranges under his pillow by lurid threats from the senior nurse; Kennedy sent his own visitors away earlier than they need have gone for fear their talk would rouse Mah Too out of a much-needed doze, and the best flower vase was kept constantly in commission.

It was about that time that the senior nurse of the Private Wards took upon herself to reprove her chum of the men's medical for failing to pay any attention to a particularly good joke at the nurses' dinner table.

"Worrying over cases when you're off duty doesn't help the case, and ends by cutting into your sick leave," she said, seriously. "A nurse can't afford to be too sympathetic."

"There's no danger of it, according to that woman who distributes tracts on visiting days," the other answered with a wry smile. "She told me the last time she was in that she would have taken a hospital training herself, only that it made women so callous to suffering."

"Well, of all the—"

"Oh, have you had that freak bothering you, too?" the senior nurse of the Men's Surgical broke in, before the other could finish.

"'Pon my word, I don't know why the authorities let her go around at large! Did I tell you that she got in to see poor Thompson the very day after his amputation—for all his bed was screened and 'No visitors allowed,' as big as a house pinned to it? I was doing a dressing at the far end, and Kelly was off for her hour, and she walked clean over the probationer, who did her feeble best to stop her, so the youngster came running for me. When I got there the Bunting woman was asking the poor wretch wasn't he glad to have that bad, wicked hand off—his right at that, mind you, and he with a wife and eight kiddies. I waltzed her out of there so quick it must have made her head swim; on the doorstep she got enough breath together to ask me if I knew she was responsible to the Lord for that man's soul. Told her I knew I was responsible to the doctor for his temperature, and while I was in charge of that ward she'd have to let the Lord look after his soul. Oh, we certainly get callous! I do like some people's nerve."

It was perhaps three hours later in the day, that Mah Soon, having vainly waited till the limit of the visiting hours in the hope that Mah Too would waken out of his restless, muttering sleep, waylaid the senior nurse on her way across the hall.

"Mah Too heap sick," he said abruptly; "you think him get better?"

The senior nurse was noted for the readiness and plausibility with which she could elevate a slender chance to the level of a strong probability, but even she had to have the chance to go upon, and, on

this occasion, her eyes wavered and turned aside from Mah Soon's, that looked, despite their smoky whites, wonderfully like the little brother's in their forlorn wistfulness, and because her glance fell upon Mah Too's chart, even the kindly meant evasion she was revolving in her mind suddenly became out of the question, and she was silent.

Mah Soon was no fool. Few of the Chinese who reach Vancouver are. He drew a long breath and turned as if to re-enter the ward, but checked himself and went slowly out into the sunlight, for his bossy-lady was giving a little dinner that night, and since Yip Sing must be paid, whether the little brother lived or died, this was no time for Mah Soon to find himself out of employment.

It was two days after that that Mah Too, wakening out of an uneasy sleep, turned and poured out a torrent of weakly vehement words to the man who had sat for an hour, silent and almost motionless, waiting for that moment. At first Mah Soon demurred and seemed inclined to argue some point, but as the little brother pleaded yet more earnestly, he nodded at last, and the boy smiled, and dropped off into a quieter sleep.

The senior nurse found Mah Soon awaiting her again in the hall.

"Mah Too say he go Chinatown," he announced, apathetically.

"But, Mah Soon!" the senior nurse made no secret of her startled disapproval, "he will be taken far better care of here."

Mah Soon nodded.

"Yes, I tell him, but he say, all time lonely, all time no sabbee talk. He say Chinatown heap good."

"I see, homesick; poor child. Well, I will tell the doctor, Mah Soon, and you can come to-morrow and hear what he says."

"I catchee back, takee Mah Too," said the young man, and went his sorrowful way without further words.

"Confound it, that means halving what little time he has left," Mah Too's doctor said, rather savagely, when the senior nurse laid the elder brother's request before him next morning. "He'll be put into a six by eight hovel with an atmosphere you could cut with a knife and a jabber like a sawmill going on day and night."

"Perhaps that's what he misses," suggested the house surgeon at his elbow. "Anyway, they'll be kind to him, and I daresay he is homesick, poor little chap."

"Oh, yes, it's natural enough, and if he's bent on going we can't stop him, but I'm sorry. He may go, nurse," and the busy man slapped Mah Too's chart down with unnecessary force and hurried away to the next waiting patient.

There was a surprising amount of regret in the Men's Medical when it became known that Mah Too was going out. The junior nurse,

(Continued on page 112)

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(*Continued from page 103*)

being a very junior nurse, did not hesitate to say that it was a shame to let him go, even if he did want to, and Fenton came to the senior nurse to inquire if it was a fact that the little Chink was really going. He, Fenton, had been told to bring up his clothes, but he'd like to know if the kid wasn't supposed to be sick enough without he should be fired out of the hospital.

Whereupon the senior nurse answered coldly that he had his orders and had better carry them out; after which she relented, Fenton being an old and valued orderly, and pointed out that it was a hopeless case; that she personally would not like to die among aliens, however kind, and that it would be cruel to keep the boy against his will, even if they had the power, which they hadn't. And Fenton agreed that there was something in that, but took a troubled face to the wrapping up of the little quilted silk tunic in which Mah Too had made his picturesque entry into the ward two months before.

The hack came to the great doors at three, and Mah Too, looking very small and frail on the long stretcher between the two big orderlies, flashed the ghost of his old pretty smile at the Medical Ward nurses, standing at the head of the stairs to see him go, and Mah Soon, following, laid half a dozen boxes of preserved ginger, gay in their Chinese wrappings, on the chart table.

"You heap good to Mah Too," he said, his melancholy eyes never leaving the stretcher that held all that made his exiled life worth while to him, and Mah Too, glancing up at the nurses, waved his thin, little hand and whispered the words, first learned and last forgotten:

"Sank-oo."

And then the big doors closed behind him.

A senior nurse of the Metropolitan selects the half day that best suits her, but a junior accepts hers with meekness and gratitude when it is given. She has no choice in the matter. Therefore, a plan agreed upon by the senior and junior nurses of the Men's Medical, in conjunction with the night nurse, who was equally interested, that they should go to the address left by Mah Soon, all three together, and in full uniform—Chinatown not being exactly a calling centre— and see how Mah Too was getting on in his new surroundings, halted, perforce, until the very end of the week, when the junior got her half day. The senior promptly took hers, and the two roused up the night nurse.

She was not asleep. It is difficult to sleep with a traction engine at work in the adjoining street, and a July sun making a stifling twilight of the room, despite an ingenious reinforcing of the window blind with dress skirts, and the three were soon taking the shortest cut to Chinatown.

It was a satisfaction to them afterwards that they had seized the

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earliest opportunity to go, for even then they were too late. Mah Too's funeral had taken place the day before.

The prosperous looking Chinaman drowsing on the worn step of the store behind which the boy had died, volunteered the further information that Mah Soon had had four hacks to follow the hearse, that no honor might be lacking to his little brother, and was now gone back to his work; which was wise of Mah Soon, for hacks are expensive luxuries, and though the doctor and the hospital authorities could be relied upon to wait a reasonable time for the settlement of their bills, Yip Sing was no easy creditor, according to those who knew him best.

The three nurses walked back to the shopping centre in a dejected silence that was only broken when they suddenly came face to face with one of the House men, who greeted them jocularly:

"Whence the doleful looks? Did someone get in ahead of you and collar all the lovely bargains?"

"We haven't been shopping," the senior nurse explained, finding that the others left it to her, "we went to see Mah Too, the little China boy who used to be in bed three on the Medical, you know, but—he—we—the funeral was yesterday."

The young doctor's face sobered suddenly.

"So soon! What hard luck." And then, with genuine feeling: "Poor little beggar."

It was the little brother's sole epitaph.

THE NURSES' LIBRARY

Elementary Bacteriology for Nurses, by G. Norman Meachen, M.D., B.S. (Lond.), M.R.C.P. (Lond. and Edin.), M.R.C.S. (Eng.): Physician, Skin Department Prince of Wales' General Hospital, Tottennam, etc. Price 2/ net.

The Scientific Press, Limited, 28 and 29 Southampton St., Strand, London, W.C., England.

The author seeks to give the nurse an elementary knowledge of this important subject, so that she may wage war against disease more intelligently.

First Lines in Nursing. A handbook for Probationers and those who contemplate entering the Nursing Profession. By E. Margaret Fox, Matron of the Prince of Wales' Hospital, Tottenham, London, N.; Late Sister Guy's Hospital; author of "The Nurses' Duties Before and During Operations"; with a preface by Sir James Goodhart, Bart., LL.D., M.D., F.R.C.P. Price 2/6 net.

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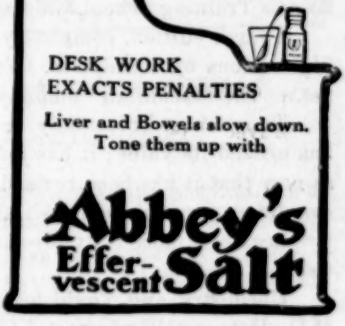

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